

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVN5466PCA</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/10/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>RIGHT AT HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6490 S MCCARRAN C-19 RENO, NV 89509</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
P 000	<p>Initial Comments</p> <p>This findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>This Statement of Deficiencies was generated as a result of the Focused State Relicensure Survey conducted in your agency on 1/10/11. The Focused State Relicensure Survey was conducted at your agency by authority of Chapter 449, Personal Care Agencies.</p> <p>The patient census was 123. Ten client records were reviewed. One client home visit was conducted. Two client telephone interviews were conducted. Ten employee files were reviewed.</p> <p>The following regulatory deficiencies were identified:</p>	P 000			
P 020	<p>Section 12 Criminal Background</p> <p>Sec. 12. 1. In addition to the requirements set forth in NAC 449.011, each applicant for a license to operate an agency shall submit to the Central Repository for Nevada Records of Criminal History two complete sets of fingerprints for submission to the Federal Bureau of Investigation for its report.</p> <p>2. The Central Repository for Nevada Records of Criminal History shall determine whether the applicant has been convicted of a crime listed in paragraph (a) of subsection 1 of NRS 449.188 and immediately inform the administrator of the agency, if any, and the Health Division of whether the applicant has been</p>	P 020			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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P 020	Continued From page 1  convicted of such a crime.  This STANDARD is not met as evidenced by: Based on record review, the agency failed to ensure 2 of 10 employees met background check requirements (Employee #9 - no state clearance report, Employee #6 - no fingerprints or State and FBI clearance reports).  Severity : 2 Scope : 1	P 020			
P 230	Section 16.1(a-i) Personnel File  Sec. 16. 1. A separate personnel file must be kept for each attendant of an agency and must include, without limitation: (a) The name, address and telephone number of the attendant; (b) The date on which the attendant began working for the agency; (c) Documentation that the attendant has had the tests or obtained the certificates required by NAC 441A.375; (d) Evidence that the references supplied by the attendant were checked by the agency; (e) Evidence of compliance with NRS 449.179 by the administrator of the agency or the person licensed to operate the agency with respect to the attendant; (f) Proof that, within 6 months after the attendant began working for the agency, the attendant obtained a certificate in first aid and cardiopulmonary resuscitation issued by the American National Red Cross or an equivalent certificate approved by the Health Division; (g) Proof that the attendant is at least 18 years of age; (h) Proof of possession by the attendant of at	P 230			

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P 230	<p>Continued From page 2</p> <p>least the minimum liability insurance coverage required by state law if the attendant will be providing transportation to a client in a motor vehicle; and</p> <p>(i) Documentation of all training attended by and performance evaluations of the attendant.</p> <p>This STANDARD is not met as evidenced by: Based on employee file review and staff interview, the agency failed to ensure tuberculin (TB) skin testing was done for 1 of the 10 employees reviewed (Employee #8), and failed to ensure CPR/First Aid certification was obtained for 1 of 10 employees (Employee #6).</p> <p>- (c) Employee #8 reported a history of a positive skin test. The record lacked documented evidence of a positive skin test as required by statute. A chest X-ray was done but the documentation did not specify it was performed for a positive skin test.</p> <p>- (f) Employee #6 was hired in April, 2010. On 1/10/11, she still did not have her CPR and First Aid certificate.</p> <p>Severity : 2 Scope : 1</p>	P 230			
P 480	<p>Section 21.1(5) Written Client Rights Requirements</p> <p>5. The written description of the rights of clients developed pursuant to subsection 4 must include, without limitation, a statement that each client has the right:</p> <p>(a) To receive considerate and respectful care that recognizes the inherent worth and</p>	P 480			

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P 480	<p>Continued From page 3</p> <p>dignity of each client; (b) To participate in the development of the service plan established for the client and to receive an explanation of the personal care services provided pursuant to the service plan and a copy of the service plan; (c) To receive the telephone number of the Bureau which may be contacted for complaints; (d) To receive notification of any authority of the Health Division to examine the records of the client as related to the regulation and evaluation of the agency by the Health Division; (e) To receive from the agency, within the limits set by the service plan established for the client and within the program criteria, responses to reasonable requests for assistance; and (f) To receive information, upon request, concerning the policies and procedures of the agency, including, without limitation, the policies and procedures of the agency relating to charges, reimbursements and determinations concerning service plans.</p> <p>This STANDARD is not met as evidenced by: Based on record review, the agency failed to provide in the written description of rights, some of the required information for 10 of 10 clients reviewed.</p> <p>- (c) To receive the telephone number of the Bureau which may be contacted for complaints.</p> <p>Severity : 2 Scope : 3</p>	P 480			

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